

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1050.00

<i>Complete if Known</i>	
Application Number	10/591,333
Filing Date	August 31, 2006
First Named Inventor	Steven Porter Hotelling
Examiner Name	John E. Chapman
Art Unit	2856

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Order None Other (please identify): _____

Customer Number 24498

 Deposit Account: Deposit Account Number 07-0832 **Deposit Account Name:** THOMSON LICENSING LLC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Design	300	150	500	250	200	100
Plant	200	100	100	50	130	65
Reissue	200	100	300	150	160	80
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

<u>Each claim over 20 (including Reissues)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
		50	25
<u>Each independent claim over 3 (including Reissues)</u>		200	100
<u>Multiple dependent claims</u>		360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

<u>Independent Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

<u>Extension For Response Within Third Month</u>	<u>Fees Paid (\$)</u>
	1050.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature				Date: 7/18/08	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1050.00

Attorney Docket No. PU040287

Complete if Known

Application Number	10/591,333
Filing Date	August 31, 2006
First Named Inventor	Steven Porter Hotelling
Examiner Name	John E. Chapman
Art Unit	2856

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify): _____

Customer Number 24498

 Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) 50 25

Each independent claim over 3 (including Reissues)

Fee (\$) 200 100

Multiple dependent claims

Fee (\$) 360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Fee (\$) Fee Paid (\$)

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

1050.00

Extension For Response Within Third Month

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature					Date: 7/18/08

This collection of information is required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Report to Data Base

PATENT OPERATIONS

Docket No P004028 Serial No. 10/591,333 Filed: 8/31/06

Inventor(s): Steven Porter Hotelling et al.
Title: Dual Axis Vibratory Rate Gyroscope

MAILING TO U.S. Patent and Trademark Office

Patent No. _____

Atty: Vincent E. Duffy

APPLICATION AS FILED

Enter Date	Enter Number	Check Type	Check Items Mailed with Application		
	Independent Claims	Original-US Nat'l	<input type="checkbox"/>	Declaration	
	Claims in Excess 20	Divisional	<input type="checkbox"/>	Statement under CFR § 1.56-013M	
	Claim Pages	Continuation CPARCE	<input type="checkbox"/>	Assignment & Recordation Sheet	
	Specification Pgs	Reissue	<input type="checkbox"/>	Preliminary Amendment	
	Sheets of Drawings			Priority Document -	
	Abstract Pages	Re-Exam	<input type="checkbox"/>	IDS 1449 with References	
		US Provisional		Utility Application Transmittal	
				Express Mail Application Label No.:	
Charge		<input type="checkbox"/>		Fee Transmittal Sheet in duplicate	Date Deposited: 7/18/08
Mailed Due	AMENDMENTS	Mailed Due	APPEALS	Mailed Due	FEES
7/18/08	After Rejection		Notice of Appeals		Filing Fee Exp.
	After Final Rejection		Appeal Brief		Issue Fee
	After Allowance URR312		Reply Brief		
	Supplemental		Pet. To Withdraw.		Ext Times 1.136(a)
	Voluntary		REQUESTS		Add. Payment of Fee
	Letter to Exam/Draftsperson w/Drawing Corrections(s)		Ext.Times 1.136(b)		Fee Trans.Form in dupl.
	Pg(s). of Formal Dwg(s)		Cert. of Correction	7/18/08 Charge	TOTAL FEE AMT. \$1050.00
			OTHER		OTHER
	Lic. To For. File		Statement NASA		Appointment Atty/Agent
	Reg. Priority 35USC119		Terminal Disclaimer		Assignment & Record form
			Claim Disclaimer		Letter to PO
	Statement DOE		Status Letter		Notif. of Foreign Ref.
	Statement Under § 1.56		Declaration		Correction Of Record
	IDS w/ references		Supl. Declaration		
	Certificate of Mailing		Missing Parts Letter		

